

1922

MARGIN RESERVED FOR BINDING

V. S. No. 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

1. County of Pima
District of Davidson
Town of _____
or
City of Tucson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Co. Registrar No. _____
Local Registrar No. _____

No. R. D. 2 Box St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Marion James If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 2 5. No., in order of birth 2 6. Legitimate? yes. 7. Date of birth Jan. 28, 1917 (Month, day, year)

8. Full name of FATHER Joseph Henry James
9. Residence (Usual place of abode) Tucson
10. Color or race American
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Colonia Diaz
(State or country) Chih. Mex.
13. Occupation Farmer
Nature of Industry

14. Full maiden name of MOTHER Rhoda May Nelson James
15. Residence (Usual place of abode) Tucson
16. Color or race American
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Love Valley
(State or country) Chih. Mex.
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. Louisa Done (Physician or midwife)

Address Tucson, Ariz. R. D. 2 Box 131.

Given name added from 412-128-955
a supplemental report (Month, day, year)

Filed 11-28, 1922 A. J. Salmabel Local Registrar.

Filed NOV 28 1922 County Registrar.

Registrar.